U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

1 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

File Number U	2 Fiscal Year Covered From  1		
Name and address of person filing			
Name GLENN EUGENIO			
PO Box Bidg Room No If any	PO Box Building and Room Number if any		
Street 94-497 UKEE STREET	Street 94-497 UNEE STREET		
Cny WALPAHU,	Cny WAIPAHU		
State HI ZIP Code + 4 96797	State AHIX ZIP Code + 4 96797		
A Held an interest in engaged in transactions (including loans) with	clusions set forth in the instructions)		
monetary value from an employer whose employees your organiz  Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
nonetary value from an employer whose employees your organiz  Name and address of Employer (including trade name if any)	ation represents or is actively seeking to represent		
nonetary value from an employer whose employees your organizes. Name and address of Employer (including trade name if any)  Name	7 a Nature of Interest Transaction or Income		
Name and address of Employer (including trade name if any)  Name ,  Trade Name if any ;	7 a Nature of Interest Transaction or Income		
Name and address of Employer (including trade name if any)  Name ,  Trade Name if any ;  PO Box Bidg Room No if any	7 a Nature of Interest Transaction or Income		
Name and address of Employer (including trade name if any)  Name   Trade Name if any   P O Box Bldg Room No if any  Street	7 a Nature of Interest Transaction or Income		
Name and address of Employer (including trade name if any)  Name ,  Trade Name if any ,  PO Box Bidg Room No if any  Street ,	7 a Nature of Interest Transaction or Income  7 a Nature of Interest Transaction or Income  7 b Amount.		
Name and address of Employer (including trade name if any)  Name   Trade Name if any   PO Box Bidg Room No if any  Street   City  State   ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 a Nature of Interest Transaction or Income  7 b Amount.		
Name and address of Employer (including trade name if any)  Name ,  Trade Name if any ;  PO Box Bidg Room No if any  Street  City  State   ZIP Code + 4  S  15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief true correct and complete (See the	To Amount.  7 a Nature of Interest Transaction or Income  7 b Amount.  7 b Amount.  7 b Amount.		
Name and address of Employer (including trade name if any)  Name   Trade Name if any   P O Box Bidg Room No if any  Street   City  State   ZIP Code + 4  S  15 Signature and verification The undersigned declares under penalty submitted in this report (including the information contained in any accomp	Ta Nature of Interest Transaction or Income  7 a Nature of Interest Transaction or Income  7 b Amount.  7 b Amount.  1 gnature  1 of Perjury and other applicable penalties of the law that all of the information anying documents) has been examined by the signatory and is to the best of the		

Name of Person Filing Glenn Eugenic		File Number U			
Part B Continuation Page					
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or ———————————————————————————————————					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name Hawaii Iron Workers Training Trust Fund	a Labor Organization				
P O Box Bldg Room No If any	b Trust				
Street 94-497 Ukee Street					
City Walpahu	Ī		هله المرسوبية لي المساحة الله.		
State Hawaii ZiP Code +4 96797	]				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dea				
Name	International Tra:	ining & Education	Las Vegas NV		
Trade Name If any	]				
PO Box Bidg Room No If any	]				
Street	<b>]</b>				
City	]		arriva de la constanta de la c		
State ZIP Code + 4	11 b Approximate dollar v	alue of such dealing	\$3 229		
	12 a Nature of interest he	eld or income received			
	Salary				

12 b Amount

\$96 447